



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Mary Helen Berlanga **15 ACCOUNT #** (Ethics Commission Filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)** THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME <u>n/a</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,496.17
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 15836.71
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6090.90
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,750.36

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me, under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Helen Berlanga, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

Marta P. Villarreal  
Printed name of officer administering oath

2:35 p.m.  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

20

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

07/21/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Minerva Arriaga

6 Contributor address; City; State; Zip Code

3636 S. Alameda, Ste #193

Corpus Christi, TX 78411

7 Amount of contribution (\$)

50

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/31/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mario A. Martinez, M.D.

Contributor address; City; State; Zip Code

3829 Saratoga Blvd, Ste B

Corpus Christi, TX 78415

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

99 Saratoga Blvd., Ste B

Date

07/28/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

IBEW PAC Voluntary Fund

Contributor address; City; State; Zip Code

900 Seventh St. N.W.

Washington, D.C. 20001

Amount of contribution (\$)

2000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mike Westergm

Contributor address; City; State; Zip Code

2033 18th St.

Corpus Christi, TX78404

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/30/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mary Jo O'Rear

Contributor address; City; State; Zip Code

3946 Kingston

Corpus Christi, TX 78415

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/13/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gloria M. Riddle

6 Contributor address: City: State: Zip Code

7022 Brandon  
Corpus Christi, TX 78413

7 Amount of contribution (\$)

45

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Esther Read

Contributor address: City: State: Zip Code

133 Kush Lane  
Corpus Christi, TX 78404

Amount of contribution (\$)

90

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dalinda M. Avelar

Contributor address: City: State: Zip Code

6130 Pebble Beach  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Nelida Ortiz

Contributor address: City: State: Zip Code

7218 Pharaoh Dr.  
Corpus Christi, TX 78412

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/13/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sylvia C. Wilson

Contributor address: City: State: Zip Code

4514 Bluefield Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

135

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A.	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/15/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sylvia S. Benavides 6 Contributor address; City; State; Zip Code 7601 Sauve Terra Corpus Christi, TX 78415	7 Amount of contribution (\$) 90	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Patsy Perez Contributor address; City; State; Zip Code PO Box 60962 Corpus Christi, TX 78466	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betty Jean Alborno Contributor address; City; State; Zip Code 3630 Marks Dr. Corpus Christi, TX 78411	Amount of contribution (\$) 60	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clara Puentes Contributor address; City; State; Zip Code 6230 Denain Dr. Corpus Christi, TX 78414	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norma L. Alaniz Contributor address; City; State; Zip Code 230 Cape Hatteras Dr. Corpus Christi, TX 78412	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frances R. Brown-Powell 6 Contributor address; City; State; Zip Code 2049 17th St. Corpus Christi, TX 78404	7 Amount of contribution (\$) 45	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs. Erich Wendl Contributor address; City; State; Zip Code 28 Camden Place Corpus Christi, TX 78412	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda L. Gonzalez Contributor address; City; State; Zip Code 4009 D Oak Forest Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sally Garcia Contributor address; City; State; Zip Code 135 Lakeshore Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 30	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rosa E. Villarreal Contributor address; City; State; Zip Code 7033 E. Brandon Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 18	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alfred Jackson 6 Contributor address; City; State; Zip Code 1811 Kirby Houston, TX 77019	7 Amount of contribution (\$) 2500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corpus Christi AFT C.O.P.E Contributor address; City; State; Zip Code 4455 SPID Ste 33 Corpus Christi, TX 78411	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R.M. Tijerina Contributor address; City; State; Zip Code 4921 Olympia Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) S. Prezas Contributor address; City; State; Zip Code 140 Lakeshore Dr. Corpus Christi, TX 78413	Amount of contribution (\$) 90	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peter N. Steiner Contributor address; City; State; Zip Code 2727 Morgan Corpus Christi, TX 78405	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/15/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Patricia Boone

6 Contributor address; City; State; Zip Code

4213 Driftwood  
Corpus Christi, TX 78411

7 Amount of  
contribution (\$)

45

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Elena Mendieta

Contributor address; City; State; Zip Code

618 Philomena Dr.  
Corpus Christi, TX 78412

Amount of  
contribution (\$)

45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Alma G. Ornelas

Contributor address; City; State; Zip Code

4317 Biltmore Dr.  
Corpus Christi, TX 78413

Amount of  
contribution (\$)

45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Sally Garcia

Contributor address; City; State; Zip Code

135 Lakeshore Dr.  
Corpus Christi, TX 78413

Amount of  
contribution (\$)

90

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mrs Rufino Garcia III

Contributor address; City; State; Zip Code

609 Brock Dr.  
Corpus Christi, TX 78412

Amount of  
contribution (\$)

45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/20/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Nora A. Garcia

6 Contributor address; City; State; Zip Code

225 Amistad  
Corpus Christi, TX 78404

7 Amount of contribution (\$)

45

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/20/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mary Helen Jahnke

Contributor address; City; State; Zip Code

6529 Picante Dr.  
Corpus Christi, TX 78414

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/19/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Consuelo Munoz

Contributor address; City; State; Zip Code

7330 McArdle Rd #5  
Corpus Christi, TX 78412

Amount of contribution (\$)

135

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Maria Olga Rodriguez

Contributor address; City; State; Zip Code

5313 St. Andrews  
Corpus Christi, TX 78413

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Matilda D. Saenz

Contributor address; City; State; Zip Code

4007 Goodfellow Dr.  
Dallas, TX 75229

Amount of contribution (\$)

135

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/22/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Celia Reyes-Acuna MD

6 Contributor address; City; State; Zip Code

4444 S. Staples St  
Corpus Christi, TX 78411

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/23/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Iza A. Gonzalez

Contributor address; City; State; Zip Code

7014 Mona Lisa Cir  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/31/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

William H. White

Contributor address; City; State; Zip Code

101 Stablewood Ct  
Houston, TX 77024

Amount of contribution (\$)

2500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/21/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dr. Mary Jane Garza

Contributor address; City; State; Zip Code

7530 Freds Folly Dr.  
Corpus Christi, TX 78414

Amount of contribution (\$)

90

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/22/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Sylvia M. Rosales

Contributor address; City; State; Zip Code

7429 Venice Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/27/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Ruben A. Bonilla

6 Contributor address; City; State; Zip Code

2727 Morgan Ave.  
Corpus Christi, TX 78405

7 Amount of contribution (\$)

45

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Thelma G. Mandel

Contributor address; City; State; Zip Code

28 Great Lakes  
Corpus Christi, TX 78413

Amount of contribution (\$)

450

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/25/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dr. Alvaro J. Ramos, MD

Contributor address; City; State; Zip Code

PO Box 6748  
Corpus Christi, TX 78466

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/16/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dr. Edgar L. Cortes

Contributor address; City; State; Zip Code

27 Camden Pl  
Corpus Christi, TX 78412

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Dr. Charles A. Volzmayor Jr. DC

Contributor address; City; State; Zip Code

5826 Esplanade Dr. Ste 302  
Corpus Christi, TX 78414

Amount of contribution (\$)

315

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/25/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Abdolrhim Aminzadeh

6 Contributor address; City; State; Zip Code

PO Box 81445  
Corpus Christi, TX 78468

7 Amount of contribution (\$)

400

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Gloria E. Adamez

Contributor address; City; State; Zip Code

7013 Keystone Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Margarita G. Porter

Contributor address; City; State; Zip Code

4301 Nicklaus Ln  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Alma G. Omelas

Contributor address; City; State; Zip Code

4317 Biltmore Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Mrs. Eduardo Garana

Contributor address; City; State; Zip Code

6229 St Denis St.  
Corpus Christi, TX 78414

Amount of contribution (\$)

90

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/27/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dori Contreras Garza

6 Contributor address; City; State; Zip Code

130 E. Sunflower Ave.  
MC Allen, TX 78504

7 Amount of contribution (\$)

25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Della Berlanga

Contributor address; City; State; Zip Code

7001 Abcote Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/26/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Ann M. Jaime

Contributor address; City; State; Zip Code

106 Ocean Way St.  
Corpus Christi, TX 78411

Amount of contribution (\$)

90

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Barbara Cline

Contributor address; City; State; Zip Code

PO Box 8396  
Corpus Christi, TX 78468

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Graciela B. Saenz

Contributor address; City; State; Zip Code

4322 Pecan Valley Dr.  
Corpus Christi, TX 78413

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
08/27/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Obdulia Siracusa

6 Contributor address; City; State; Zip Code

442 Coral Place  
Corpus Christi, TX 78411

7 Amount of  
contribution (\$)   
90

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Lucy G. Acuna

Contributor address; City; State; Zip Code

15322 Bonassa Ct. No. 604  
Corpus Christi, TX 78418

Amount of  
contribution (\$)   
45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gina Benavides

Contributor address; City; State; Zip Code

2021 "V W. Court  
McAllen, TX 78504

Amount of  
contribution (\$)   
90

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mrs Ernesto H. Guido

Contributor address; City; State; Zip Code

6118 Boca Raton Dr.  
Corpus Christi, TX 78413

Amount of  
contribution (\$)   
45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Elida G. Cuellar

Contributor address; City; State; Zip Code

5101 Bromley  
Corpus Christi, TX 78413

Amount of  
contribution (\$)   
45

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/25/2014

5 Full name of contributor

Alicia Perez

out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

175 Kush Ln  
Corpus Christi, TX 78404

7 Amount of contribution (\$)

45

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/25/2014

Full name of contributor

Leticia P. Rodriguez

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

426 Cape Lookout Dr.  
Corpus Christi, TX 78412

Amount of contribution (\$)

45

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor

Maria Jimenez

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

422 Naples St.  
Corpus Christi, TX 78404

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2014

Full name of contributor

Patricia A. Perez

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

421 Sharon Dr.  
Corpus Christi, TX 78412

Amount of contribution (\$)

25

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/27/2014

Full name of contributor

Lucia G. Acuna

out-of-state PAC (ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

15322 Bonassa Ct. No. 604  
Corpus Christi, TX 78418

Amount of contribution (\$)

60

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/27/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Rose Harrison

6 Contributor address; City; State; Zip Code

400 Mann St., Ste 700  
Corpus Christi, TX 78401

7 Amount of contribution (\$)

15

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Margarita G. Porter

Contributor address; City; State; Zip Code

4301 Nicklaus Ln  
Corpus Christi, TX 78413

Amount of contribution (\$)

15

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria C. Salazar

Contributor address; City; State; Zip Code

6410 Lakewood Cir.  
Corpus Christi, TX 78413

Amount of contribution (\$)

40

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Isabel Cavazos

Contributor address; City; State; Zip Code

6422 Marans  
Corpus Christi, TX 78414

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/06/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Belinda S. Gutierrez

Contributor address; City; State; Zip Code

6525 Miranda Dr.  
Corpus Christi, TX 78414

Amount of contribution (\$)

40

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/08/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rolando Barrera 6 Contributor address; City; State; Zip Code 2621 Camargo Corpus Christi, TX 78415	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria C. Salazar Contributor address; City; State; Zip Code 6410 Lakewood Cir. Corpus Christi, TX 78413	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anna Salazar Contributor address; City; State; Zip Code 8206 Campodolcino Dr. Corpus Christi, TX 78414	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Belinda S. Gutierrez Contributor address; City; State; Zip Code 6525 Miranda Dr. Corpus Christi, TX 78414	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clarissa M. Benavides Contributor address; City; State; Zip Code 7601 Sauve Terre Corpus Christi, TX 78414	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/22/2014

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Genie Lemley

6 Contributor address; City; State; Zip Code

618 Gulf Shore  
Corpus Christi, TX 78411

7 Amount of  
contribution (\$)

100

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

08/24/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Homero C. Villarreal

Contributor address; City; State; Zip Code

3229 Casa Bonita Dr.  
Corpus Christi, TX 78411

Amount of  
contribution (\$)

100

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

David Berlanga

Contributor address; City; State; Zip Code

3213 La Rochelle Way  
Corpus Christi, TX 78414

Amount of  
contribution (\$)

1000

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/04/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Reece Washington

Contributor address; City; State; Zip Code

1510 Wagon Wheel Tr.  
Arlington, TX 76013

Amount of  
contribution (\$)

50

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/09/2014

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Kathryn Snapka

Contributor address; City; State; Zip Code

PO Box 23017  
Corpus Christi, TX 78403

Amount of  
contribution (\$)

250

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A.	
2 FILER NAME Mary Helen Berlanga			3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/04/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maria Martinez	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 6506 Miranda Dr. Corpus Christi, TX 78414		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)		
Date 09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Katy Costello	Amount of contribution (\$) 20	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2609 Grand Isle Cir Corpus Christi, TX 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Victoria Villarreal	Amount of contribution (\$) 80	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6801 Princess Jean Pl Corpus Christi, TX 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dr. Charles A. Votzmeyer Jr. DC	Amount of contribution (\$) 500	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 5826 Esplanade Dr, Ste 302 Corpus Christi, TX 78414		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Janie Cunningham	Amount of contribution (\$) 20	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 750 Monette Dr. Corpus Christi, TX 78412		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Mary Helen Berlanga		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/13/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Margarita G. Porter 6 Contributor address; City; State; Zip Code 4301 Nicklaus Ln Corpus Christi, TX 78413	7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benjamin Bonilla Jr Contributor address; City; State; Zip Code 1625 Ocean Dr. Apt D Corpus Christi, TX 78404	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mary G. Rodriguez Contributor address; City; State; Zip Code 434 Colony Dr. Corpus Christi, TX 78412	Amount of contribution (\$) 15	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roman Garcia Campaign Contributor address; City; State; Zip Code 222 W. University Dr. Edinburg, TX 78539	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bonilla Investments Contributor address; City; State; Zip Code PO Box 5080 Corpus Christi, TX 78465	Amount of contribution (\$) 450	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
08/24/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Maria Macias

6 Contributor address; City; State; Zip Code

6513 Ponil Creek Dr.  
Corpus Christi, TX 78414

7 Amount of  
contribution (\$) **45**

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Melva Garcia

Contributor address; City; State; Zip Code

6049 Lemans Dr.  
Corpus Christi, TX 78414

Amount of  
contribution (\$) **45**

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/27/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Alicia V. Galvan

Contributor address; City; State; Zip Code

5845 Ocean Dr.  
Corpus Christi, TX 78412

Amount of  
contribution (\$) **45**

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Electronic Contributions

Contributor address; City; State; Zip Code

Amount of  
contribution (\$) **330.42**

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
08/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

American Bank

Contributor address; City; State; Zip Code

PO Box 6459  
Corpus Christi, TX 78466

Amount of  
contribution (\$) **12.50**

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Mary Helen Berlanga

3 ACCOUNT # (Ethics Commission Filers)

4 Date

08/2014

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

American Bank Refund

6 Contributor address; City; State; Zip Code

PO Box 6459  
Corpus Christi, TX 78466

7 Amount of contribution (\$)

40.25

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

07/08/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

GV Thamaravelil

Contributor address; City; State; Zip Code

221 Poe Esta  
Portland, TX 78374

Amount of contribution (\$)

1000

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/03/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Margret Banales

Contributor address; City; State; Zip Code

3134 Seven Trees Dr.  
Corpus Christi, TX 78410

Amount of contribution (\$)

50

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/03/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

South Texas Retina Consultants LLP

Contributor address; City; State; Zip Code

5540 Saratoga Blvd.  
Corpus Christi, TX. 78413

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/09/2014

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Benjamin, Jr. Bonilla

Contributor address; City; State; Zip Code

1525 Ocean Dr. Apt. D  
Corpus Christi, TX 78404

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form. 1 Total pages Schedule B:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)  
**Mary Helen Berlanga**

4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;      City;   State;   Zip Code		
(If travel outside of Texas, complete Schedule T)			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Mary Helen Berlanga</b>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y    N	8 Lender address;   City;   State;   Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address;   City;   State;   Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;   City;   State;   Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address;   City;   State;   Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>3</b>	<b>2</b> FILER NAME <b>Mary Helen Berlanga</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>08/05/2014</b>	<b>5</b> Payee name <b>Foil Creations</b>	
<b>6</b> Amount (\$) <b>270.63</b>	<b>7</b> Payee address; City; State; Zip Code <b>4531 Ayers St. Ste, 220, Corpus Christi, TX 78415</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Event</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>invitations</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Helen Berlanga</b>	Office sought <input checked="" type="checkbox"/> <b>County Judge</b>
		Office held <input checked="" type="checkbox"/> <b>none</b> <input type="checkbox"/>
Date <b>08/08/2014</b>	Payee name <b>Foil Creations</b>	
Amount (\$) <b>12.99</b>	Payee address; City; State; Zip Code <b>4531 Ayers St. Ste, 220, Corpus Christi, TX 78415</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Event</b>	Description (If travel outside of Texas, complete Schedule T) <b>invitations</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Helen Berlanga</b>	Office sought <input checked="" type="checkbox"/> <b>County Judge</b>
		Office held <input checked="" type="checkbox"/> <b>none</b> <input type="checkbox"/>
Date <b>08/29/2014</b>	Payee name <b>Time Warner</b>	
Amount (\$) <b>10108</b>	Payee address; City; State; Zip Code <b>4060 SPID, Corpus Christi, TX 78411</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising</b>	Description (If travel outside of Texas, complete Schedule T) <b>TV ad</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Helen Berlanga</b>	Office sought <input checked="" type="checkbox"/> <b>County Judge</b>
		Office held <input checked="" type="checkbox"/> <b>none</b> <input type="checkbox"/>
Date <b>09/04/2014</b>	Payee name <b>Hammons Education Leadership Programs (HELP)</b>	
Amount (\$) <b>500</b>	Payee address; City; State; Zip Code <b>4833 Saratoga Blvd. 447, Corpus Christi, TX 78413</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contribution</b>	Description (If travel outside of Texas, complete Schedule T) <b>education</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Helen Berlanga</b>	Office sought <input checked="" type="checkbox"/> <b>County Judge</b>
		Office held <input checked="" type="checkbox"/> <b>none</b> <input type="checkbox"/>

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME Mary Helen Berlanga	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/05/2014	5 Payee name Jose Rosas	
6 Amount (\$) 1000	7 Payee address: City: State: Zip Code 4677 Central Circle, Brownsville, TX 78521	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 08/27/2014	Payee name The Town Club	
Amount (\$) 3093.86	Payee address: City: State: Zip Code 800 N Shoreline Blvd. 6th Floor, Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event	Description (If travel outside of Texas, complete Schedule T) Fundraising dinner & style show
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name El Tejano	
Amount (\$) 450	Payee address: City: State: Zip Code 2505 Sarita St. Corpus Christi, TX 78405	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T) Full Page Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 07/22/2014	Payee name Nueces County Democratic Campaign Party	
Amount (\$) 200	Payee address: City: State: Zip Code 823 N. Tanchua Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Campaign party
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F	2 FILER NAME Mary Helen Berlanga	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/01/2014	5 Payee name Scooter Promo Advertising
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6 Amount (\$) 180	7 Payee address; City; State; Zip Code 5801 Corsica Rd Corpus Christi, TX 78414
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) campaign door card hanger
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/2014	Payee name Electronic Payment
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Amount (\$) .98	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) misc	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Date	Payee name
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Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date	5 Business name
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6 Amount (\$)	7 Business address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought County Judge	Office held none
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought County Judge	Office held none
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought County Judge	Office held none
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Date	Business name
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Amount (\$)	Business address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mary Helen Berlanga	Office sought County Judge	Office held none
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)

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# INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

## SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:

2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Name of person from whom amount is received  ..... 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$)
7 Purpose for which amount is received		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

Date	Name of person from whom amount is received  ..... Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The Instruction Guide explains how to complete this form.  
 \*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 ACCOUNT # (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below *only* if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
 Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section *only* if you are an officeholder \*\*

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
 Signature of Officeholder